

Amendment No. 3 to the  
Agreement Between  
Michigan Department of Community Health  
and  
Real Alternatives  
for  
Michigan Pregnancy and Parenting Support Services Program

1. **Period of Agreement**

This agreement shall commence on October 1, 2013 and continue through September 30, 2015. This agreement is in full force and effect for the period specified.

2. **Program Budget and Agreement Amount**

This amendment does not change the total or Department's original agreement amount.

3. **Amendment Purpose**

The purpose of the amendment is to modify the budget categories to reflect current spending, as shown on the Attachment B budget pages.

4. **Original Agreement Conditions**

It is understood and agreed that all other conditions of the original agreement remain the same.

5. **Special Certification**

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or Grantee.

6. **Signature Section**

**For the Michigan Department of Community Health**

Kristi Broessel 4/28/15  
Kristi Broessel, Director, Grants and Purchasing Division Date

**For the GRANTEE:**

KEVIN I. BAGATTA PRESIDENT & CEO  
Name (print) Title (print)  
Kevin I. Bagatta 4/22/15  
Signature Date

# PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger

Use WHOLE DOLLARS Only

ATTACHMENT B.1

|  |                    |                          |   |     |                                     |                |
|--|--------------------|--------------------------|---|-----|-------------------------------------|----------------|
| PROGRAM<br><b>Michigan Pregnancy &amp; Parenting Support Services</b>      |                    |                          | DATE PREPARED<br><b>4/10/2015</b>   |     | Page<br><b>1</b>                    | Of<br><b>1</b> |
| CONTRACTOR NAME<br><b>Real Alternatives</b>                                |                    |                          | BUDGET PERIOD<br>From: <b>Oct. 1, 2013</b> To: <b>Sep. 30, 2015</b>                                 |     |                                     |                |
| MAILING ADDRESS (Number and Street)<br><b>7810 Allentown Blvd, Ste 304</b> |                    |                          | BUDGET AGREEMENT<br><input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT |     | AMENDMENT #<br><b>3</b>             |                |
| CITY<br><b>Harrisburg</b>  | STATE<br><b>PA</b> | ZIP CODE<br><b>17112</b> | FEDERAL ID NUMBER<br><b>23-2868660</b>  |     |                                     |                |
| EXPENDITURE CATEGORY   |                    |                          |   |     | TOTAL BUDGET<br>(Use Whole Dollars) |                |
| 1. SALARY & WAGES  |                    |                          |   |     |                                     |                |
| 2. FRINGE BENEFITS   |                    |                          |   |     |                                     |                |
| 3. TRAVEL  |                    |                          |   |     |                                     |                |
| 4. SUPPLIES & MATERIALS  |                    |                          |   |     |                                     |                |
| 5. CONTRACTUAL (Subcontracts/Subrecipients)                                |                    |                          |   |     |                                     |                |
| 6. EQUIPMENT   |                    |                          |   |     |                                     |                |
| 7. OTHER EXPENSES  |                    |                          |   |     |                                     |                |
| Administrative Expenses  |                    |                          | \$105,000   |     |                                     | \$105,000      |
| Services Expenses  |                    |                          | \$595,000   |     |                                     | \$595,000      |
|  |                    |                          |   |     |                                     |                |
|  |                    |                          |   |     |                                     |                |
|  |                    |                          |   |     |                                     |                |
| 8. (Sum of Lines 1-7)  |                    |                          | \$700,000   | \$0 | \$0                                 | \$700,000      |
| 9. INDIRECT COSTS: Rate #1 %   |                    |                          |   |     |                                     |                |
| INDIRECT COSTS: Rate #2 %  |                    |                          |   |     |                                     |                |
| 10. TOTAL EXPENDITURES   |                    |                          | \$700,000   | \$0 | \$0                                 | \$700,000      |
| SOURCE OF FUNDS:   |                    |                          |   |     |                                     |                |
| 11. FEES & COLLECTIONS   |                    |                          |   |     |                                     |                |
| 12. STATE AGREEMENT  |                    |                          | \$700,000   |     |                                     | \$700,000      |
| 13. LOCAL  |                    |                          |   |     |                                     |                |
| 14. FEDERAL  |                    |                          |   |     |                                     |                |
| 15. OTHER(S)   |                    |                          |   |     |                                     |                |
|  |                    |                          |   |     |                                     |                |
|  |                    |                          |   |     |                                     |                |
| 16. TOTAL FUNDING  |                    |                          | \$700,000   | \$0 | \$0                                 | \$700,000      |

AUTHORITY: P.A. 368 of 1978

COMPLETION: Is Voluntary, but is required as a condition of funding.

The Department of Community Health is an equal opportunity employer, services and programs provider.

DCH-0385(E) (Rev. 08/07) (Excel) Previous Edition Obsolete.

**ATTACHMENT B.2**

Of

| PROGRAM  |  | BUDGET PERIOD  |                      | DATE PREPARED    |
|--|--|--|----------------------|------------------|
| Michigan Pregnancy & Parenting Support Services                                  |  | From:<br>Oct. 1, 2013  | To:<br>Sep. 30, 2015 | 4/10/2015        |
| CONTRACTOR NAME<br>Real Alternatives   |  | BUDGET AGREEMENT<br><input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENOMENT  |                      | AMENDMENT #<br>3 |
| 1. SALARY & WAGES:   |  | POSITIONS REQUIRED   |                      | TOTAL SALARY     |
| POSITION DESCRIPTION   |  | COMMENTS   |                      |                  |
| President & CEO  |  |  |                      | \$ 26,700        |
| Vice President - Administration  |  |  |                      | \$ 5,423         |
| Assistant Director of Finance  |  |  |                      | \$ 1,777         |
| Accountant   |  |  |                      | \$ 2,600         |
| Bookkeeper   |  |  |                      | \$ 1,400         |
| Accrued Vac & Sick   |  |  |                      | \$ 238           |
|  |  |  |                      |                  |
| 1. TOTAL SALARY & WAGES:   |  | 0.000  |                      | \$ 38,138        |
| 2. FRINGE BENEFITS: (Specify)  |  |  |                      |                  |
| <input checked="" type="checkbox"/> FICA   |  | <input checked="" type="checkbox"/> LIFE INS   |                      | \$ 13,435        |
| <input checked="" type="checkbox"/> UNEMPLOYMENT                                 |  | <input checked="" type="checkbox"/> VISION   |                      |                  |
| <input checked="" type="checkbox"/> RETIREMENT                                   |  | <input checked="" type="checkbox"/> DENTAL   |                      |                  |
| <input checked="" type="checkbox"/> HOSPITAL                                     |  | <input checked="" type="checkbox"/> WORK COMP  |                      |                  |
|  |  | <input type="checkbox"/> HEARING   |                      |                  |
|  |  | <input checked="" type="checkbox"/> OTHER: spe   |                      |                  |
|  |  | 2. TOTAL FRINGE BENEFITS:  |                      | \$ 13,435        |
| 3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)               |  |  |                      | \$3,500          |
|  |  |  |                      |                  |
|  |  | 3. TOTAL TRAVEL:   |                      | \$ 3,500         |
| 4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures) |  |  |                      |                  |
| Office Expense   |  |  |                      | \$ 12,048        |
| Computer Resources   |  |  |                      | \$ 15,075        |
|  |  | 4. TOTAL SUPPLIES & MATERIALS:   |                      | \$ 27,123        |
| 5. CONTRACTUAL: (Subcontracts/Subrecipients)                                     |  |  |                      |                  |
| Name   | Address                                    | Amount   |                      |                  |
| Consulting   |  | \$ 6,000   |                      |                  |
| Legal Consulting   |  | \$ 1,200   |                      |                  |
|  |  | 5. TOTAL CONTRACTUAL:  |                      | \$ 7,200         |
| 6. EQUIPMENT: (Specify)  |  | Amount   |                      |                  |
|  |  |  |                      |                  |
|  |  | 6. TOTAL EQUIPMENT:  |                      | \$ -             |
| 7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)       |  | Amount   |                      |                  |
| Communication:   |  |  |                      |                  |
| Space Cost:  | Rent / Telephone                           | \$ 7,900   |                      |                  |
| Others (explain):  | Business Insur + Ofc & Directors Insurance | \$ 1,300   |                      |                  |
|  | Audit                                      | \$ 5,000   |                      |                  |
|  | Equip. Service Contract                    | \$ 500   |                      |                  |
|  | Professional Development                   | \$ 624   |                      |                  |
|  | Job Advertising / Employee Screening       | \$ 280   |                      |                  |
|  |  | 7. TOTAL OTHER EXPENSES:   |                      | \$ 15,604        |
| 8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)                                |  | 8. TOTAL DIRECT EXPENDITURES:  |                      | \$ 105,000       |
| 9. INDIRECT COST CALCULATIONS:   |  |  |                      |                  |
| Rate #1  | Base \$                                    | x Rate   | =                    | \$ -             |
| Rate #2  | Base \$                                    | x Rate   | =                    | \$ -             |
|  |  | 9. TOTAL INDIRECT EXPENDITURES:  |                      | \$ -             |
| 10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)                                   |  |  |                      | \$ 105,000       |
| AUTHORITY: P.A. 368 of 1978  |  | The Department of Community Health is an equal opportunity employer, services and programs provider. |                      |                  |
| COMPLETION: Is Voluntary, but is required as a condition of funding.             |  |  |                      |                  |
| DCH-0389(E) (Rev. 05/07) (EXCEL) Previous Edition Obsolete                       |  | Use Additional Sheets as Needed  |                      |                  |

# PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.2

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page

Of

Use **WHOLE DOLLARS** Only

|  |  |  |                    |                            |
|--|--|--|--------------------|----------------------------|
| PROGRAM<br>Michigan Pregnancy & Parenting Support Services                       |  | BUDGET PERIOD<br>From: 10/1/2013 To: 9/30/2015   |                    | DATE PREPARED<br>4/10/2015 |
| CONTRACTOR NAME<br>Real Alternatives   |  | BUDGET AGREEMENT<br><input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT  |                    | AMENDMENT #<br>3           |
| 1. SALARY & WAGES:   | POSITION DESCRIPTION                           | COMMENTS   | POSITIONS REQUIRED | TOTAL SALARY               |
|  | Vice President                                 |  |                    | \$ 21,700                  |
|  | Service Provider Approval                      |  |                    | \$ 5,100                   |
|  | Quality Control Coordinator                    |  |                    | \$ 3,000                   |
|  | Service Provider Monitoring                    |  |                    | \$ 3,000                   |
|  | Toll Free                                      |  |                    | \$ 845                     |
|  | Accrued Vac & Sick                             |  |                    | \$ 118                     |
| 1. TOTAL SALARY & WAGES:   |  |  | 0.000              | \$ 33,763                  |
| 2. FRINGE BENEFITS: (Specify)  |  |  |                    |                            |
| <input checked="" type="checkbox"/> FICA   | <input checked="" type="checkbox"/> LIFE INS   | <input checked="" type="checkbox"/> DENTAL   |                    | \$ 10,561                  |
| <input checked="" type="checkbox"/> UNEMPL                                       | <input checked="" type="checkbox"/> VISION INS | <input checked="" type="checkbox"/> WORKCOUNTP   |                    |                            |
| <input checked="" type="checkbox"/> RETIRE                                       | <input type="checkbox"/> HEARING               |  |                    |                            |
| <input checked="" type="checkbox"/> HOSPLT                                       | <input checked="" type="checkbox"/> OTHER:spe  |  |                    |                            |
| 2. TOTAL FRINGE BENEFITS:  |  |  | \$                 | 10,561                     |
| 3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)               |  |  |                    |                            |
|  |  |  |                    | \$4,900                    |
| 3. TOTAL TRAVEL:   |  |  | \$                 | 4,900                      |
| 4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures) |  |  |                    |                            |
| Client Education Materials   |  |  |                    | \$ 6,500                   |
| Pregnancy Test Kits  |  |  |                    | \$ 3,500                   |
| 4. TOTAL SUPPLIES & MATERIALS:   |  |  | \$                 | 10,000                     |
| 5. CONTRACTUAL: (Subcontracts/Subrecipients)                                     |  |  |                    |                            |
| Name   |  | Amount   |                    |                            |
| Client Services  |  | \$ 441,776   |                    |                            |
| Database Consulting  |  | \$ 12,000  |                    |                            |
| 5. TOTAL CONTRACTUAL:  |  |  | \$                 | 453,776                    |
| 6. EQUIPMENT: (Specify)  |  | Amount   |                    |                            |
|  |  |  |                    |                            |
| 6. TOTAL EQUIPMENT:  |  |  | \$                 | -                          |
| 7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)       |  | Amount   |                    |                            |
| Communication:   |  |  |                    |                            |
| Space Cost:  | Services Advertising                           | \$ 71,000  |                    |                            |
| Others (explain):  | Toll Free Referral System                      | \$ 1,000   |                    |                            |
|  | Contract Closeout Cost                         | \$ 10,000  |                    |                            |
| 7. TOTAL OTHER EXPENSES:   |  |  | \$                 | 82,000                     |
| 8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)                                |  | 8. TOTAL DIRECT EXPENDITURES:  |                    | \$ 595,000                 |
| 9. INDIRECT COST CALCULATIONS:   |  |  |                    |                            |
| Rate #1 Base \$  | x Rate   | 0.00%  | =                  | \$ -                       |
| Rate #2 Base \$  | x Rate   | 0.00%  | =                  | \$ -                       |
| 9. TOTAL INDIRECT EXPENDITURES:  |  |  | \$                 | -                          |
| 10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)                                   |  |  |                    | \$ 595,000                 |
| AUTHORITY: P.A. 399 of 1978  |  | The Department of Community Health is an equal opportunity employer, services and programs provider. |                    |                            |
| COMPLETION: is Voluntary, but is required as a condition of funding.             |  |  |                    |                            |
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